

Youth Track & Field Meet Permission Slip

Participant Information

Participant Name

Date of Birth

Grade

Address

Parent/Guardian Name

Phone

Email

Emergency Contact

Name

Relationship

Phone

Medical Information

Allergies or Medical Conditions

Medications

Permission & Waiver

I, the undersigned, hereby give permission for my child to participate in the Youth Track & Field Meet. I understand that all reasonable safety precautions will be taken, and I assume responsibility for any risks associated with participation.

Parent/Guardian Signature

Date